

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/53474

FILING DATE

25 SEP 2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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6		/		/		
7		/		/		
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9		0		/		
10	/		/			
11		/		/		
12		2		/		
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TOTAL NO.	2	↓	2	↓		↓
TOTAL DEP.	11	←	10	←		←
TOTAL CLAIMS	13		12			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL NO.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						